



INDIANA DEPARTMENT OF CORRECTION
Logansport Juvenile Correctional Facility Intake Unit
1118 South State Road 25
Logansport, IN 46947
574-753-5549

STUDENT'S NAME:

DOC #:

DATE:

Dear Parent or Guardian:

The youth has been committed to the Indiana Department of Correction by (county name.) His commitment began on the date provided, upon his arrival at the Logansport Juvenile Correctional Facility, the intake assessment unit for male juveniles committed to the Department. He will remain at this facility for **APPROXIMATELY** two (2) weeks.

While at the Logansport Juvenile Correctional Facility, the youth will participate in the Department's Division of Youth Services Case Management System by beginning the Intake Assessment Phase.

During the Intake Assessment Phase, various information pertaining to the youth is obtained and used to develop an Intake Assessment Report. The report is then utilized by various staff throughout the youth's commitment, and serves as a guide in the classification process, in the establishment of treatment goals, in education placement, and in the establishment of aftercare services.

At the conclusion of the Intake Assessment Phase, the youth will be classified to a facility which is most appropriate to meet his needs.

While at Logansport Juvenile Correctional Facility, the youth will be provided clothing and hygiene items. He will have access to the telephones daily and will be given four (4) stamped envelopes. He may also receive mail. **No money or packages will be accepted and there will be no visitation during this Intake Assessment Phase.**

(Counselor's name) is the Intake Counselor assigned for the youth. Please feel free to call and speak with the counselor if you have any questions or concerns.

Sincerely,

Lori Harshbarger
Superintendent

Dear Parent/Guardian:

The State of Indiana has two contracts, which supply services for the offender phone calls.

- **T-NETIX** provides Interstate long distance services. The cost for these calls are \$1.50 connect and \$0.25 per minute. If the customer pre-pays the account the \$1.50 connect fee is waived.
- **AT&T** supplies in state phone services, the cost of these calls are \$2.25 connect and \$0.30 per minute.

The calls are managed by the call control system, which requires a unique Personal Identification Number (PIN) and Personal Allowed Number (PAN) list per user. All calls with the exception of Attorney calls are recorded. The call control system also controls the length of the call; Logansport Juvenile Correctional Facility has the length of call set at 15 minutes.

The call control system is designed to only allow for collect calls and to prevent 3 way calling. Any of the following actions will cause the call to be cut off without warning:

- Making a 3-way call.
- Placing a call on hold.
- Having features on your phone such as call waiting.
- Using a cordless phone because it may induce noise or static on the line.
- Pressing numbers on the keypad during a call.
- Having a long silence period on the call.

Calls can only be made to cell phones through the **AdvanceConnect** Program.
Information provided below.

There are occasions when calls are blocked, one of the most common is that the Local Carrier will not process billing for AT&T or T-NETIX. **If you are not able to receive calls from Logansport Juvenile Correctional Facility (LJCF) you will need to contact Budget Connections at 1-888-241-1290.** Budget connections can assist you on the reason for the block, and give you optional payment methods, in order to remove the block.

When you receive a collect call from LJCF you must press 0 to accept the call. Billing will not start until the call is accepted. If you press 5, your number will be blocked from receiving calls from all Indiana Department of Correction facilities. You should have received a call from the Site Administrator to determine if calls will go through. If the call did not go through the Site Administrator should have instructed you on what you need to do. **If you have any questions, please call the Site Administrator at 1-765-689-8057.**

If you wish to set up an account to receive calls on your cell phone the cell phone must be a contract cell phone that you receive a monthly statement on (it cannot be a prepaid cell phone that you buy minutes for). We have made the **AdvanceConnect** custom calling program available to you. *AdvanceConnect* allows you to establish a prepaid collect account directly with Correctional Billing Services. Once established, you can then prepay using the USPS, the CBS *E-pay* option (check or credit card), or at nationwide electronic payment locations such as Western Union, for the collect calls you receive on your cell phone. To open an *AdvanceConnect* account, call: **1-800-844-6591.**

Intake Family Interview

Student name: _____ DOC# _____

Information supplied by: _____ Relationship: _____

Information gathered by: _____ Date: _____

If unable to reach guardian date attempted: _____

Behaviors of Concern

1) Please indicated whether the following behaviors are reported to occur (check). Those occurring or of special concern may be described below or on the next page.

- | | | |
|-----------------------------------|--------|-------|
| 1) Loses temper easily | ___Yes | ___No |
| 2) Argues with adults | ___Yes | ___No |
| 3) Refuses adults' requests | ___Yes | ___No |
| 4) Deliberately annoys people | ___Yes | ___No |
| 5) Blames others for own mistakes | ___Yes | ___No |
-
-

-
- | | | |
|-----------------------------|--------|-------|
| 6) Easily annoyed by others | ___Yes | ___No |
| 7) Angry/resentful | ___Yes | ___No |
| 8) Spiteful/vindictive | ___Yes | ___No |
| 9) Defiant | ___Yes | ___No |
| 10) Bullies/teases others | ___Yes | ___No |
-
-

-
- | | | |
|---------------------------------|--------|-------|
| 11) Initiates fights | ___Yes | ___No |
| 12) Uses a weapon | ___Yes | ___No |
| 13) Physically cruel to people | ___Yes | ___No |
| 14) Physically cruel to animals | ___Yes | ___No |
| 15) Stealing | ___Yes | ___No |
-
-

-
- | | | |
|----------------------------|--------|-------|
| 16) Forced sexual activity | ___Yes | ___No |
| 17) Intentional arson | ___Yes | ___No |
| 18) Burglary | ___Yes | ___No |
| 19) "Cons" other people | ___Yes | ___No |
| 20) Runs away from home | ___Yes | ___No |
-
-

-
- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| 21) Truant at school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22) Doesn't pay attention to details | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23) Several careless mistakes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24) Does not listen when spoken to | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25) Doesn't finish chores/homework | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26) Difficulty organizing tasks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27) Loses things | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28) Easily distracted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29) Forgetful in daily activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30) Fidgety/squirmy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31) Difficulty remaining seated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32) Runs/climbs around excessively | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33) Difficulty playing quietly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34) Hyperactive | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35) Difficulty awaiting turn | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36) Interrupts others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 37) Problems pronouncing words | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38) Poor grades in school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39) Expelled from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-
-

-
- | | | |
|-------------------------|------------------------------|-----------------------------|
| 40) Drug abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41) Alcohol consumption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-
-

-
- | | | |
|-------------------------------|------------------------------|-----------------------------|
| 42) Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43) Shy/avoidant/withdrawn | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44) Suicidal threats/attempts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45) Fatigued | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46) Anxious/nervous | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 47) Excessive worrying | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48) Sleep disturbance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49) Panic attacks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50) Mood shifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2) For each of the behaviors noted on the previous page as occurring or if it has been indicated to cause significant impairment, write a brief description of how it impacts the child's or other people's lives. Ask for examples. Additional pages can be attached if needed.

Behaviors of Concern

Impact on Child or Others

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3) Briefly describe your child's ways of expressing the following emotions or behaviors:

ANGER: _____

HAPPINESS: _____

SADNESS: _____

ANXIETY: _____

4) List the child's behaviors that you would like to see change: _____

5) Additional information you believe would be helpful: _____

Previous diagnoses (by whom?) _____

Course of illness ☐ Improving ☐ Stable ☐ Deteriorating

Previous medications that appeared to be helpful.

Events affecting frequency and duration _____

Precipitating factors (e.g., emotional, environmental, social) _____

Previous/current mental health treatment (and its effectiveness) _____

Current/previous medications _____

Compliance? _____ Effectiveness _____

Hospitalizations/treatment _____

Current special services (e.g., social, educational, legal) _____

Ask the parent to note and resolve any discrepancies between information given and what records indicate. _____



INDIANA DEPARTMENT OF CORRECTION
Logansport Juvenile Correctional Facility (Intake Unit)
1118 South State Road 25
Logansport, IN 46947
574-753-5549

STUDENT'S NAME:

DOC #:

DOB:

DATE:

Dear Parent or Guardian:

(Youth's Name) has completed the Intake Phase of his commitment to the Indiana Department of Correction. On (date), he was transferred to (facility name, address, and phone number.)

His placement at the receiving facility will be for an indeterminate or determinate length of time. While in placement, he will participate in the Division of Youth Services Case Management System process which includes the following phases:

Growth Phase

- The development of the Individual Growth Plan and initiation of the Individual Aftercare Plan
- Orientation to the facility processes
- Implementation of the Individual Growth Plan and revision of the Individual Aftercare Plan

Transition Phase

- Development of the Individual Transition Plan and finalization of the Individual Aftercare Plan
- Court notification and aftercare services finalized

Release from placement will depend primarily on how well he progresses in his program. For progress to occur, it will be necessary for him to accept responsibility for his behavior and make a strong commitment to change. Your interest and involvement in the program he is assigned to will be very valuable as the staff assist and support him in this process.

Prior to release, you will be contacted by the youth's assigned Parole Agent who will visit your home to approve an appropriate placement upon release.

Sincerely,

Lori Harshbarger
Superintendent

cc: (judge of committing county)
student institutional packet